



**Guam Community College
Office of Accommodative Services (OAS)
Request for Accommodation(s) Form**

Section I. Personal Information:

Last Name: _____ First Name: _____
Student ID#: _____ Date of Birth: _____ SS#: _____
Date Requested: _____ Semester Requested For: _____
Mailing Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Your GCC email address: _____ Other email address: _____
In case of emergency, whom may we contact on your behalf? Name: _____
Phone Number: _____ Relationship (mother, brother friend, etc): _____

Are you a current high school graduate? Y or N: If yes, please indicate the name of high school you graduated from: _____ Year graduated: _____ Is this your first semester? Y or N.

Section II: Disability Related Information: Please answer the following questions regarding your disability and how it impacts your ability to learn, attend, or participate in college life.

1. Please indicate your disability type(s). Check all that apply:

- Psychiatric Disorders _____
- Cognitive Disorders _____
- Neurological Disorders _____
- Physical Disorders _____
- Respiratory Disorders _____
- Sensory Disorders _____
- Other: _____

2. Please check all that apply:

- I use a wheelchair
- I use assistive mobility devices (braces, crutches, cane, or prosthesis)
- I wear a hearing aid
- I need to read lips of instructors
- I rely on sign-language interpreting
- I have difficulty taking notes in class
- I tire easily when I walk distances
- I have difficulty walking up/down stairs
- Other: _____

3. Are you currently taking any medication related to your disability or medical condition?

Yes No

If yes, list all the medications you are taking: _____

4. Please list the type of accommodations you are requesting for and how it relates to your disability.

5. Please list any Special Education Services you received while in high school: _____



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6. If you are a transfer student from another college, please list all the college(s) you attended, the reasonable accommodations that you received: _____

7. Do you receive services from any of the follow agencies: Please check all that apply.

- Division of Vocational Rehabilitation
 - GDOE Special Education Program
 - Office of Veteran Affairs
 - Recording for the Blind & Dyslexic (RFB&D)
 - Agency for Human Resources and Development
 - Other (Please specify): _____
- If yes; Please indicate the name of your counselor or case manager: _____
 Contact Number: _____ Service currently receiving: _____

Policy on Confidentiality

Family Educational Rights Privacy Act (FERPA)

FERPA is a federal law designed to protect the privacy of educational records and to establish the right of students to inspect and review their educational record. Records maintained at GCC for the purpose of coordinating services for students with disabilities, including any medical or clinical records, we considered educational records as defined by FERPA and may be disclosed to other school officials with a legitimate educational interest. For example, the provision of academic adjustment is not limited to the OAS, but rather a coordinated effort between the student, faculty, and staff. Therefore, in the course of providing services, it may be necessary for disability related information to be shared with other college personnel properly involved in evaluating and responding to requests for accommodations (i.e., instructor, dean, and chair). OAS will make every effort to limit disclosure of information to a student's identity, learning preference, functional limitations, and explanation of recommended accommodations.

I have completed the Application for Accommodations as thoroughly and accurately as possible. Furthermore, I have read and understand OAS policy on confidentiality.

 Student Signature

 Date

OAS OFFICE USE ONLY

- Medical Documentation Submitted
- No Documentation

Application received by: _____
 OAS Staff/Print and Signature

 Date